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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	JAB 1517-PCT-USA
First Named Inventor	Eckhard Bender
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLONING AND EXPRESSION OF A NOVEL 5-HT4 RECEPTOR

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
9913850.5	GB	06/14/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 4

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael Stark	32,495	Myra McCormack	36,602
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	Philip S. Johnson		
Address	Johnson & Johnson		
Address	One Johnson & Johnson Plaza		
City	New Brunswick	State	NJ
Country	USA	Telephone	(732) 524-2359
		Fax	(732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname			
Eckhard			Bender			
Inventor's Signature	<i>Eckhard Bender</i>					Date 19 Nov 2001
Residence: City	Wipperfürth	State	Country	Germany	Citizenship	Germany
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30					
Post Office Address						
City	Beerse	State	ZIP	2340	Country	Belgium
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Given Name (first and middle [if any]) Family Name or Surname

Armelle Nathalie Françoise Pindon

Inventor's Signature						Date	<u>19 Nov. 2001</u>
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Residence: City	<u>AnTwerpEn</u>	State		Country	<u>Belgium</u>	Citizenship	<u>France</u>
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Post Office Address	<u>Janssen Pharmaceutica N.V., Turnhoutseweg 30</u>						
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Post Office Address							
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City	<u>Beerse</u>	<u>BE</u>	State		ZIP	<u>2340</u>	Country	<u>Belgium</u>
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Given Name (first and middle [if any]) Family Name or Surname

Irma Petronella Van Oers

Inventor's Signature						Date	<u>19 Nov. 2001</u>
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Residence: City	<u>Zundert</u>	State		Country	<u>The Netherlands</u>	Citizenship	<u>Netherlands</u>
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Post Office Address	<u>Janssen Pharmaceutica N.V., Turnhoutseweg 30</u>						
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Post Office Address							
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City	<u>Beerse</u>	<u>BE</u>	State		ZIP	<u>2340</u>	Country	<u>Belgium</u>
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Given Name (first and middle [if any]) Family Name or Surname

Mirek Jurzak

Inventor's Signature						Date	<u>19 Nov. 2001</u>
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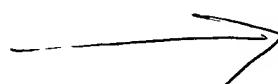
Residence: City	<u>BERLIN</u>	State		Country	<u>NETHERLAND</u>	Citizenship	<u>Germany</u>
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Post Office Address	<u>Janssen Pharmaceutica N.V., Turnhoutseweg 30</u>						
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Post Office Address							
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City	<u>Beerse</u>	<u>BE</u>	State		ZIP	<u>2340</u>	Country	<u>Belgium</u>
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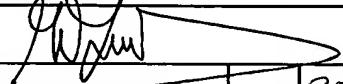
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Walter Herman Maria Louis</u>		<u>Luyten</u>					
Inventor's Signature						Date	<u>19 Nov 2001</u>
Residence: City	<u>TURNHOUT</u>	State	<u>BE</u>	Country	Belgium	Citizenship	Belgium
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30						
Post Office Address							
City	Beerse	State		ZIP	2340	Country	Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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